

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICESPRINTED: 07/02/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445108	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 07/01/2013
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NAME OF PROVIDER OR SUPPLIER

NHC HEALTHCARE, MURFREESBORO

STREET ADDRESS, CITY, STATE, ZIP CODE

420 N UNIVERSITY ST
MURFREESBORO, TN 37130

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X6) COMPLETION DATE
K 038 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1</p> <p>This STANDARD is not met as evidenced by: Based on observation, it was determined the facility failed to maintain the exits.</p> <p>The finding included:</p> <p>Observation on 7/1/13 at 11:30 AM revealed the exit door by the book keeping office was dead-bolted and was not secure and able to close within the frame.</p> <p>This finding was verified during the walk through by the administrator in training and acknowledged by the administrator and the regional vice president during the exit conference on 7/1/13.</p>	K 038	<p>K038</p> <p>The left swinging door has been repaired to fit within the frame with a self closing device. This door locks w/magnetic security lock and releases on activation of fire alarm. The deadbolt was removed on right swinging door (facing outside) and replaced with a common device to release when fire alarm system is activated. The Maintenance Director will monitor the building on an on-going basis.</p>	7/15/13
K 147 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2</p> <p>This STANDARD is not met as evidenced by: Based on observation, it was determined the facility failed to maintain the electrical equipment.</p> <p>The finding included:</p> <p>Observation on 7/1/13 at 11:59 AM revealed</p>	K 147	<p>K147</p> <p>The extension cords in the Dietary Manager's office, Room 113 and clean laundry were removed. Weekly rounds will be made to ensure no extension cords to be used. The Maintenance Director will monitor the building on an on-going basis.</p>	7/16/13

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

*Lynn Foster**Administrator*

7/17/13

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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NAME OF PROVIDER OR SUPPLIER NHC HEALTHCARE, MURFREESBORO			STREET ADDRESS, CITY, STATE, ZIP CODE 420 N UNIVERSITY ST MURFREESBORO, TN 37130		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 147	Continued From page 1 extension cords in use in the following locations: 1. Dietary Manager Office 2. Room 113 1 East Hall 3. Clean laundry (drier area) This finding was verified during the walk through by the administrator in training and acknowledged by the administrator and the regional vice president during the exit conference on 7/1/13.	K 147			